Recognizing and Responding to Suicide Risk (RRSR): Advanced Training for the Clinical Practitioner

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Dedicated to the Understanding and Prevention of Suicide

Presentation Objectives

- Need and rationale for training programs
- How did we build trainings and for whom?
- What does it look like?
- Evaluation data and strategy

Need and Rationale: *Mental Health is the Business of Public Health*

- Findings from psychological autopsy studies: 90+% diagnosable

- Research regarding the proportion of suicides in/not in treatment at time of death: 50% of those with suicidality have ***not*** used mental health services
  - » (Cheung & Dewa, 2007)

Evidence-based Prevention Programs: Mental Health Treatment = Prevention

I. *Case finding (early detection) strategies:*

- **Suicide awareness curricula**
- **Screening**
- **Gatekeeper training**
- **Crisis centers and hotlines**

Need and Rationale: Training? What training?

- Lecture/Grand Rounds
- Workshop (few hours –full day)
- Seminar (several sessions over time)
- Course (full semester – approx 45 hours contact time)
- Case Supervision (placement, externship, internship, residency)
- Skills focused?

Malpractice

- Assume you have had a patient die by suicide and his spouse has filed a malpractice suit claiming that his death was proximately caused by your failure to adequately assess and treat him. Moreover, her attorney claims that you fail to possess the degree of training and skill necessary to meet the standard of care expected to work with patients at risk for suicide.

Deposition Set-up Questions

- Schooling
- Board certification
- Training in clinical Suicidology
- Publications/presentations in clinical Suicidology
- Books, journals relied upon

Early Detection and Referral Models Beget Need for Treatment from a Trained Professional

- Feldman (2003)
  - 79% of social workers received no formal graduate training related to working with the suicidal patient
- Dexter-Mazza & Freeman (2003)
  - 50% of psychology interns received no formal graduate training in management of suicidal patients
- AAS Surveys:
  - The average mental health professional has only 2 hours of formal didactic training in suicide (epidemiology, attitudes toward, risk and protective factors, assessment, treatment planning, management, risk management, adolescent…)

Professional Education and Training: e.g., PCPs

- The majority of family physicians and pediatricians have prescribed an SSRI for a child or adolescent patient, yet
  - *Less than 1 in 10 report receiving adequate training in the treatment of childhood depression and only 1 in 6 report feeling comfortable treating children for depression*
    - » JAMA, 1999; North Carolina data

Risk Assessment and Risk Formulation

- Describe the process you engage and rationale you use for determining a patient's risk for suicide.

Need and Rationale:
Suicide as an iatrogenic outcome?

- *How many bad outcomes (suicides and suicide attempts) are **precipitated** by ill-trained, under-trained, but well-meaning clinical care givers?*
- *How many bad outcomes (suicides and suicide attempts) could have been averted or, even better, diverted to good outcomes by a better trained clinical care giver?*

Need and Rationale: *Clinicians as Survivors*

- Psychiatrists: > 50%
- Psychologists: 20-25%
- Psychiatric residents and Psychology interns: approximately 15%

Chemtob et al (1988, 1989); Brown et al (1990)

Need and Rationale

- **Goal 6: Implement training for recognition of at-risk behavior and delivery of effective treatment.**

- **Goal 7: Develop and promote effective clinical and professional practices**

How did we build it?

Validation of need

- Literature review
- Definition of competency framework
- Survey of existing graduate training programs and CE courses
  - QPR, ASIST, STORM, etc.
- Survey of online education courses and resources
- Review of published *Practice Guidelines*

Clinical Expert Task Forces and Consultants

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Assessing and Managing Suicide Risk (AMSR)

- 1 day face to face training on 24 core competencies
  - Thus, *increased* ***knowledge*** as an outcome
- Define and present competencies with emphasis on attitudes and approaches; observe patient interview vignettes
  - Thus, *shift* ***perspective*** *in working with individuals at risk* for suicide

– www.sprc.org

Recognizing and Responding to Suicide Risk (RRSR): Essential Skills for Clinicians

- On-line training on Attitudes and Approaches
  - On-line entry examination
- 2 days face to face training
- *Behavioral skills rehearsal*
- *Case application exercises*
- Adolescent, University, Inpatient and Spanish language adaptations
- Post training, on line community and CE programs
- Resources

RRSR Face-to-Face Training

- Day 1
  - Collecting Risk Assessment Data
  - Formulating Client Risk for Suicide
  - Understanding and Managing Risk
  - Managing Caare
- Day 2
  - Strategies for a Clinical Interview
  - Research-based Approaches
  - Exploring Suicidal Ideation, Behavior and Plans
  - Treatment and Services Planning

RRSR Learning Objectives

- Competently conduct a suicide risk assessment
- Reasonably formulate client risk for suicide
- Develop a treatment and services plan to address risk for suicidal behavior

Evaluation Data: Year 1

N = 607/655: Self-Satisfaction Ratings

- Self-Rated ***Competency to Assess Risk***

  Weighted Median Rank; Scale: 1 = novice --- 10 = Expert

Pre-Training	Post-Training
6.47	8.15

- Have you learned new skills for assessing clients at risk for suicide?
  - Post-Test Weighted Median Rank: 3.57/4.00
- Would you recommend this training to other clinicians? **% Yes: 94%**

2008 Evaluation Design

- Pre-Post-follow-up (4 months) design; N Ss= 250
- Scored (by expert defined criteria) **case vignettes** (acute and chronic risk factors, protective factors, formulated level of risk, treatment plan)
- **Standardized measures**:
  - Attitude to Suicide Prevention (Herron et al, 2001)
  - Confidence in Assessment and Management of Suicidal Patients (Appleby et al, 2000)
  - Counseling Self-Estimate Inventory (Larson et al, 1992)
  - Suicide Behavior Attitude Questionnaire (Botega et al, 2005)
- **Behavioral Outcomes:** Self-reported examples of changes in practice after training

How Does This Training Better Meet the Need?

- More extensive (breadth and depth) than current alternatives
  - Identifies, teaches, models, rehearses, and *applies competencies*
- Focused on translating science to practice where there is an **evidence base**
- Where there is not, utilizes **best practices** as identified by clinical experts
- **Teaches techniques and strate**gies
- Reduced number of bad outcomes; Increased number of good outcomes?
- Dissemination of training program will increase availability of competent clinicians to mesh with desired outcomes of early detection community-based SP programs

To learn more…

RRSR

- www.suicidology/trainingRRSR

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